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Application Number	09/993,353
Filing Date	November 13, 2001
First Named Inventor	Richard N. Ellson
Art Unit	1634
Examiner Name	Betty J. Forma
Attorney Docket Number	7610-0002.20

	ENGLOSUBES (Charle all that armin)		
No fee due Fee Transmittal Fee(s) due Fee Transmittal Check for \$225.00 Charge any underpaymen credit any overpayment to Deposit Account No. 18- Return postcard Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Return contents Information Disclosure State & Form(s) PTO-1449 Copy(ies) of cited	Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s): Remarks:	to a Technol Appeal Com of Appeals Appeal Com (Appeal Notice Proprietary Status Lette	r sure(s) (please
Copy(ies) of cited reference(s) Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application			
Response to Missing			
under 37 CFR 1.52 o	SIGNATURE OF APPLICANT, ATTORNEY, OR	ACENT	
Firm	Flavio M. Rose, Reg. No. 40,791		
Firm or Individual Name (print/type)	Reed Intellectual Property Law Group	Telephone	(650) 330-0900
Signature -	74-(-	Date	April 11, 2005
	CERTIFICATE OF MAILING		`
I hereby certify that this correspondence envelope addressed to: Commissioner	e is being deposited with the United States Postal Service with for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the	sufficient postage as fi e date shown below.	irst class mail in an
Name (print/type) Poe Clark			
Signature	1 //	Date	April 11, 2005

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FEE TRANSMITTAL for FY 2005

Effective 10/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$225

	Complete if Known					
Application Number	09/993,353					
Filing Date	November 13, 2001					
First Named Inventor	Richard N. Ellson					
Examiner Name	Betty J. Forman					
Group Art Unit	1634	-				
Attorney Docket No.	7610-0002 20					

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)							
		3. ADDITIONAL FEES								
Check Credit card Money Order Other None		Large Entity		Small Entity						
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		ount Name		d IP Law Group	1052	50	2052	25	Surcharge - late provisional filing	
				: (check all that apply)					fee or cover sheet	
Charge fee(s) indicated below Charge any underpayment or credit		1053	130	1053	130	Non-English specification				
any overpayments		1812	2,520	1812	2,520	For filing a request for ex parte reexamination				
Charge any additional fee(s) during the pendency of this application		1804	920*	1804	920*	Requesting publication of SIR prior				
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1001	790	2001	395	Utility filing fee (filed on or before 12/8/04)	1255	2,100	2255	1,000	month	l l
1011	300	2011	150	Utility filing fee (filed	1401	500	2401	250	Notice of Appeal	
1011	300	2011	130	after 12/8/04)	1402	500	2402	250	Filing a brief in support of an	
1111	500	2111	250	Search Fee	1402	300		200	appeal	ļ
1311	200	2311	100	Examination Fee	1403	1.000	2403	500	Request for oral hearing	
1081	250	2081	125	For each additional	1451	1,510	1451	1,510	Petition to institute a public use	
'**				50 sheets exceeding		•			proceeding	
1				100	1452	500	2452	250	Petition to revive – unavoidable	
1.					1453	1,500	2453	750	Petition to revive – unintentional	
				SUBTOTAL (1) \$	1501	1,400	2501	700	Utility issue fee (or reissue)	
		•			1502	800	2502	400	Design issue fee	
2. EXTR	A CLA	M FEES	FOR U	TILITY AND REISSUE	1503	1,100	2503	550	Plant issue fee	
-: ->					1807	50	1807	50	Processing fee under 37 CFR	
				Extra Fee from Fee Paid	4000	400	4000	400	1.17(q)	
1				Claims below	1806	180	1806	180	Submission of Information Disclosure Stmt	
Total Cla	aims	58	- 90** =		8021	40	8021	40	Recording each patent assignment	
Indepen		1	- 3** =	0 x =	0021	40	0021	40	per property (times number of	
Claims									properties)	
Multiple	Depende	ent		=	1809	790	2809	395	Filing a submission after final	
					1				rejection (37 CFR § 1.129(a))	
Large		Small I		Pro Brandollan	1810	790	2810	395	For each additional invention to be	
Fee	Fee	Fee	Fee	Fee Description					examined (37 CFR § 1.129(b))	
Code 1202	(\$) 50	Code 2202	(\$) 25	Claim in excess of 20	1801	790	2801	395	Request for Continued Examination	
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1201	360	2201	180	Multiple dependent claim, if not paid	1802	900	1802	900	Request for expedited examination	1
1204	200	2204	100	** Reissue independent claims over		400	0044	05.00	of a design application	
				original patent	1814	130	2814	65.00	Statutory Disclaimer	——
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				SUBTOTAL (2) \$	1					
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***	r numbe	r previousl	y paid, if	greater; For Reissues, see above	I .					

SUBMITTED BY					Complete (if applicable)
Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791	Telephone	(650) 330-0900
Signature	7-6			Date	April 11, 2005